



Patient's Consent Form

(Please read this form very carefully.)

A. To The Provider

Type of Operation, Investigation or Procedure: Ligament injections

- i. I, Sarah Roberson, FNP, confirm that I have explained the nature of the procedure to be performed upon the patient named below, as well as other appropriate options that are available and the possible risks involved. The risks include the possibility of infection, pneumothorax, and lack of desired outcome. No assurance has been given that the procedure will be resolving of their medical issue/pain site and they are aware that recovery can take up to four weeks. The patient has been informed that ligament injections work on the premise of creating inflammation to create healing and stability, and therefore ice and anti-inflammatory medications are to be avoided for the next four weeks in order for the procedure to be most effective. I have explained that they may have increased pain and stiffness for some days post-procedure. We have also discussed that in most cases, a series of 3-6 injection sessions given approximately 2-4 weeks apart is going to have the best outcomes. The explanation I have given is, in my judgement, suited to the understanding of the patient and/or parent(s) or guardian of the patient.

Signed: _____ Date: _____

B. To the Patient/Guardian/Responsible Person

- i. If you do not understand the explanation of the surgery or other procedure to be undergone, or if you require further information, you should ask your Medical Practitioner.
- ii. Please check that all information on this form is correct. If it is, and you understand the explanation, then please sign below.

I, _____ hereby consent to undergo the proposed procedure to be performed on myself. The nature and purpose of which has been explained to me by Sarah Roberson, NP, or Dr. Lee, DC, as well as the aftercare instructions.

Signed: _____ Date: _____

(Patient, Parent/Guardian)

Patient's DOB: _____

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